PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
nd to a collection of information unless it displays a valid OMB control number. Complete if Known

| FEE TRANSMITTAL For FY 2009  Applicant claims a small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (chack all tittal apply)  Chack Credit Card Money Order None Other (please identity): Chack Credit Card Money Order None Other (please identity): Chack Credit Card Money Order None Other (please identity): Chack Credit Card Money Order None Other (please identity): Charge fee(s) indicated below Credit in the Director is hereby sundicitated below, except for the filing fee Credit Card Interest Name Occ 22448  For the above-identified deposit account, the Director is hereby sundicitated below, except for the filing fee Credit Card Name Occ 2444  For the above-identified deposit account, the Director is hereby sundicitated to below, except for the filing fee Credit Card Name Occ 2444  For the above-identified deposit account, the Director is hereby sundicitated to below, except for the filing fee Credit Card Name Occ 2444  For the above-identified deposit account, the Director is hereby sundicitated to below, except for the filing fee Credit Card Name Occ 2444  For the Application Type Fee(s)                | Fees pursuant to the Consolid   | lated Appropriatio                | ns Act, 2005 (H.R. 4818) | Application No                       | ımber       | 10/573,981-Co        | nf. #4165      |  |
|--|---|-----------------------------------|--------------------------|--------------------------------------|-------------|----------------------|----------------|--|
| For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  Art Unit  Applicant claims small entity status. See 37 CFR 1.27  Art Unit  Art Charge seeds inicianted below, except for the filling fee  Credit intrust  Art Unit  Art Unit  Art Unit  Art Unit  Art Unit  Art                | FFF TR  | Filing Date                       |                          | March 30, 2006                       |             |                      |                |  |
| Applicant claims small entity status. See 37 CFR 1.27  Art Unit  |   | First Named I                     | nventor                  | Nobuyoshi OK                         | UMURA       |                      |                |  |
| TOTAL AMOUNT OF PAYMENT   (s) 1,300.00   Altomorp Docket No.   1163-0560PUS1   | For   | Examiner Nam                      | 10                       | C. A. Hannon                         |             |                      |                |  |
| Check  | Applicant claims small entity status. See 37 CFR 1.27   |                                   |                          | Art Unit                             | Attonit     |                      |                |  |
| Check Credit Card Money Order None Other (please identify):    Deposit Account Number   Q2-2448   Deposit Account Name   Birch, Stewart, Kolasch & Birch, LIP  | TOTAL AMOUNT OF PAYM  | Attorney Docket No. 1163-0560PUS1 |                          |                                      |             |                      |                |  |
| Deposit Account   Deposit Account   Sure   Deposit   Account   Account   Sure   Deposit   Account   Accou                 | METHOD OF PAYME   | NT (check all ti                  | nat apply)               |                                      |             |                      |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   X   Charge fee(s) indicated below.   Charge fee(s) indicated below, except for the filing fee   X   Credit any overpayments   X   Charge fee(s) indicated below, except for the filing fee   X   Credit any overpayments   X   Credit                 | Check Credit Card Money Order None Other (please identify):   |                                   |                          |                                      |             |                      |                |  |
| Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Chargest fee(s)   Chargest                   | X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP      |                                   |                          |                                      |             |                      |                |  |
| Credit any overpayments of   | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)            |                                   |                          |                                      |             |                      |                |  |
| Company   Comp                 | x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                          |                                   |                          |                                      |             |                      |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SIMULIBRIAN  |   |                                   |                          |                                      |             |                      |                |  |
| Fill No FEES   Seal Entry                     |   |                                   |                          |                                      |             |                      |                |  |
| Small Entity   Fee (5)   Fee (6)   Fee (6)   Fee (7)                   | 1. BASIC FILING, SEAR   |                                   |                          |                                      |             |                      |                |  |
| Application Type   Fee (5)   Fee (5)   Fee (5)   Fee (7)   Fee (8)   Fee (                 |   |                                   |                          |                                      |             |                      |                |  |
| Design   | Application Type  | Fee (\$)                          |                          |                                      |             |                      | Fees Paid (\$) |  |
| Plant  | Utility   | 330                               | 165 54                   | 270                                  | 220         | 110                  |                |  |
| Reissue   330   165   540   270   650   325  | Design  | 220                               | 110 10                   | 0 50                                 | 140         | 70                   |                |  |
| Provisional   220   110   0   0   0   0   0   0  | Plant   | 220                               | 110 33                   | 0 165                                | 170         | 85                   |                |  |
| Record   Part   Color   Part   Color   Part   Pa                  | Reissue   | 330                               | 165 54                   | 0 270                                | 650         | 325                  |                |  |
| Fee   Secrition   Fee   Secr                 | Provisional   | 220                               | 110                      | 0 0                                  | 0           | 0                    |                |  |
| Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Each independent claims  Total Claims  Fee (5)  Fee Paid (5)                 | 2. EXCESS CLAIM FEES  | ;                                 |                          |                                      |             |                      |                |  |
| Multiple dependent claims  Total Claims  Extra Claims  Fee (5)  Fee Paid (5)  Multiple Dependent Claims  Fee (5)  Fee Paid (5)  HP * highest number of loads claims paid for, if greater than 20.  Indep. Claims  Fee (8)  Fee Paid (5)  Fee Paid (5)  Fee Paid (5)  An PP * highest number of independent claims paid for, if greater than 20.  Indep. Claims  Fee (5)  Fee Paid (5)  Fee Paid (5)  An PP = highest number of independent claims paid for, if greater than 3.  AN PP LICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$2.70 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See \$5 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$5 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$5 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$5 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Fee Paid (5)  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof. See \$6 U.S. C.4 (a)(1)(3) and 37 CPR 1.16(s).  Total Sheets |   | iding Reissues)                   |                          |                                      |             |                      |                |  |
| Post   Claims   Fee                 | Each independent claim  | over 3 (includir                  | g Reissues)              |                                      |             |                      | 220 110        |  |
| -20 or HP - Highest number of total claims paid for, if greater than 20.   Indep. Claims   Fee (5)   Fee Paid (5)  |   |                                   |                          |                                      |             |                      |                |  |
| HP = highest number of total clatims point for, if greater than 20.  Indep. Clatims  |   | Extra Claims                      | Fee (\$)                 | Fee Paid (\$)                        | -           |                      |                |  |
| Indep. Claims  | x ree(s) ree raid(s)  |                                   |                          |                                      |             |                      |                |  |
| 3 or IVP X  When highest under delategrounder claims paid for, If greater than 3.  3. APPLICATION SIZE FEE If the specification and greater greater than 3.  3. APPLICATION SIZE FEE If the specification are greater great                  |   |                                   |                          | Fee Paid (\$)                        |             |                      |                |  |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CRF 1.52(e)), the application size fee due is \$2.70 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CRF 1.03 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CRF 1.03 (\$135 for small entity) for each additional 50 for small entity for each additional 50 or fraction thereof.    Fee (5)   |   |                                   | -                        |                                      | -           |                      |                |  |
| If the specification and drawings exceed 100 sheets of paper (sexchiding electronically filed sequence or computer listings under 3 CPR. 1.26(p), the application size fee due is \$2.70 (1315 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Steets  ### AUTHOR FEE(S)  4. OTHER FEE(S)  Other (e.g., late filing surcharge): 1801 Request for conflirmed examination (RCE) (see 37 810.00 days).  SUBMITTED BY  Signature  ### AUTHOR FEE(S)  Submitted by  Registration No. 490.70 (703) 205-8000  |   | endent claims paid                | for, if greater than 3.  |                                      | •           |                      |                |  |
| sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR. 1.16(s).  Total Sheets  ### Aura Sheets  ### Repeated to a contraction thereof   Fee (5)   Fee Paid (5)    ### Aura Sheets  ### Repeated to a contraction thereof   Fee (5)    ### Fee Paid (5)    ### Aura Sheets  ### Repeated to a contraction thereof    ### Aura Sheets  ### Repeated to Aura Sheets  ### Sheets  ### Fee Paid (5)    ### Fee Paid (6)    ### Fee P               | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |                                   |                          |                                      |             |                      |                |  |
| Total Sheets Extra Sheets Number of each additional 50 or finction thansof Fee Paid (5)  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1252 Extension for response within second month  SUBMITTED BY  Signature  Representation (RCE) (see 37 810.00 480.00  SUBMITTED BY  Signature  Representation (RCE) (see 37 810.00 480.00  Telephone (703) 205-8000   |   |                                   |                          |                                      |             | l entity) for each a | dditional 50   |  |
| 4. OTHER FEE(s)     Fees Paid (\$)       Non-English Specification, \$130 fee (so small entiry discount)     810.00       Other (e.g., late filing surcharge):     1801 Request for continued examination (RCE) (see 37     810.00       SUBMITTED BY     Separation No.   Pattern Feet   | <u>Total Sheets</u>   | Extra Sheets                      | Number of eac            | additional 50 or f                   | raction the |                      | Fee Paid (\$)  |  |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 490.00  SUBMITTED BY Signature  Registration No. Pultioner/Repen): 48,917 Telephone (703) 205-8000   |   |                                   |                          |                                      |             |                      |                |  |
| Other (e.g., late filling surcharge):         1801 Request for continued examination (RCE) (see 37   |   |                                   |                          |                                      |             |                      |                |  |
| 1202 EXTENSION TO TESPONSE WITHIN SECURITY   1490.00   | Other (e.g. late filing surcharge). 1801 Request for continued examination (RCE) (see 37 810.00                   |                                   |                          |                                      |             |                      |                |  |
| Signature Registration No. (Attorney/Agent) 48,917 Telephone (703) 205-8000  | Other (e.g., late filing  | Surcharge): 1                     | 252 Extension for        | esponse within                       | second i    | month                |                |  |
| Signature Registration No. (Attorney/Agent) 48,917 Telephone (703) 205-8000  | SUBMITTED BY  |                                   |                          |                                      |             |                      |                |  |
|  |   | DIE                               | 7///                     | Registration No.<br>(Attorney/Agent) | 48,91       | 7 Telephone          | (703) 205-8000 |  |
|  | Name (Print/Type) Chad J  | . Billings                        |                          |                                      |             | Date                 | June 18, 2009  |  |
|  | L   | <u>-</u>                          |                          |                                      |             |                      |                |  |